

# Edward Hanson and His Times.

By

R. W. Murray, F.R.C.S.

Late Honorary Surgeon  
David Lewis Northern Hospital  
and Liverpool Infirmary for Children.



1914



*With the Author's Compliments.*

EDWARD ALANSON  
AND HIS TIMES



# EDWARD ALANSON AND HIS TIMES

BY

R. W. MURRAY, F.R.C.S.

*Late Honorary Surgeon  
David Lewis Northern Hospital  
and Liverpool Infirmary for Children*

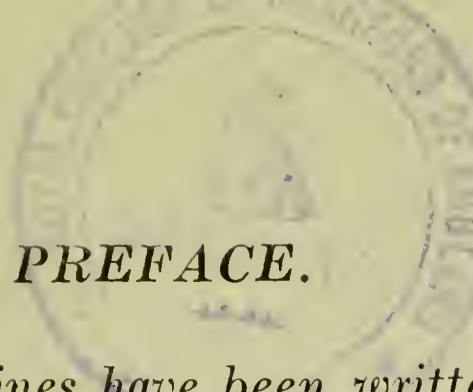


LIVERPOOL :  
SAMUEL HILL & SONS, PRINTERS, COLLEGE LANE.

1914







## PREFACE.

*The following lines have been written in order to recall the memory of one who laid the foundation of sound Surgical practice in Liverpool and I trust they may be of interest to those who are practising Surgery in that City to-day.*

*Writing as I do from a small village amongst the hills of Derbyshire, I recall with great pleasure the years of my own professional life in Liverpool, years during which I worked so happily with my Hospital colleagues and had the privilege of making so many true and lasting friendships.*

*The gathering to bid me farewell I can never forget, and I shall always regard the evening at Wallasey, on May 22nd, as representing the proudest moments in my life.*

*More than a word of thanks is due from me to Mr. William Jones, our librarian, for the great amount of time and trouble he has taken on my behalf and many valuable suggestions in respect to this story of Edward Alanson.*

*The portrait of Alanson is taken from an oil painting, the property of Dr. Owen Bowen, to whom my thanks are due for his kind permission to reproduce it.*

*R. W. M.*

*Ashover, Derbyshire,  
June, 1914.*



Digitized by the Internet Archive  
in 2015

<https://archive.org/details/b22445560>







EDWARD ALANSON, 1747-1823



## EDWARD ALANSON AND HIS TIMES.

Of all the medical men in Liverpool, I wonder how many have heard of Edward Alanson. Probably very few. It is strange that it should be so, for Alanson was one of the greatest surgeons Liverpool has ever produced. At varying intervals during the past few years I have been endeavouring to learn what I could of Alanson and his work, and now propose to put together the evidence I have collected, from which I feel satisfied that my statement that Alanson was a great surgeon will be fully substantiated.

In using the expression “a great surgeon” I mean one who succeeds in making some conspicuous advance in the science and art of Surgery. This I believe Alanson accomplished.

In order to form a fair estimate of a man one must have some knowledge of the conditions under which he lived and worked. To form a just estimate of Alanson and his work it is necessary to be familiar with the social life of Liverpool, and also with the practice of Medicine, during the latter half of the eighteenth century.

In 1763 Edward Alanson at the age of sixteen came from his father’s house at Newton in Lancashire,



to Liverpool to be apprenticed to Mr. William Pickering, one of the surgeons to the Liverpool Infirmary, whose house was in James Street. At that time the population of Liverpool was about 30,000. The town terminated on the North side at Old Hall Street; eastward at Whitechapel and Church Street; on the South at the lower end of Park Lane. The neighbourhood beyond these streets was then quite a rural district with fields, country lanes, orchards and gardens on every side. The principal streets—Castle Street, High Street, Dale Street and Water Street—were narrow, and houses old and new were mingled together in great confusion. Castle Street was so narrow that it was difficult for two carriages to pass one another. On the South side of Church Street there was a large orchard and one end of the street opened into the country. Bold Street did not exist and the East side of Whitechapel was bounded by a hawthorn hedge. Numerous dirty courts and alleys connected the principal streets in the old part of the town. The footpaths were so badly paved and the streets so imperfectly illuminated that people seldom went out at night without a lantern, “for what with the ruggedness of the pavements and the vile state of the roads, it was by no means safe to life or limb to go without some means of illuminating the way.”

In 1776 Henry Park, Surgeon to the Infirmary, went to reside in Basnett Street. This was considered such a distance from the centre of the town that his friends remonstrated with him for going so far out of the way of his patients.



CASTLE STREET, 1786, AS ALANSON KNEW IT.





Travelling between Liverpool and London and Liverpool and the interior was very rare. Not a single stage coach left the town either for Manchester, London or any other place. The general mode of travelling for gentlemen was on horse-back, and for ladies in hired carriages. The roads were much infested by highwaymen of the Turpin and Jack Sheppard breed, hence travellers preferred journeying in company.

There were ferries at Seacombe, Woodside and Rock Ferry, but there was scarcely a building near the Mersey at these places except their respective ferry houses. The boatmen used to run their boats on the beach opposite the end of Water Street, and ply for hire. They were small open boats, some with and some without sails. Owing to the length of the passage, the frequency of strong gales of wind and the strength of the current, fatal accidents not infrequently occurred. Such was the town of Liverpool when in 1763 Edward Alanson, a youth of sixteen, left his home in Newton, sixteen miles distant, and drove to Liverpool to the house of Mr. William Pickering in James Street.

During a short visit to Newton-le-Willows I found the following entry in the parish register of Newton Church. "Edward Alanson, son of John and Margaret Alanson, born October 23rd, 1747, and baptised December 9th, 1747." I could not learn any thing more definite concerning the Alanson family, though it is more than probable that John Alanson was the owner of a large farm and a man of substance. At all events he had sufficient means to pay for his son's

apprenticeship in Liverpool and subsequently in London.

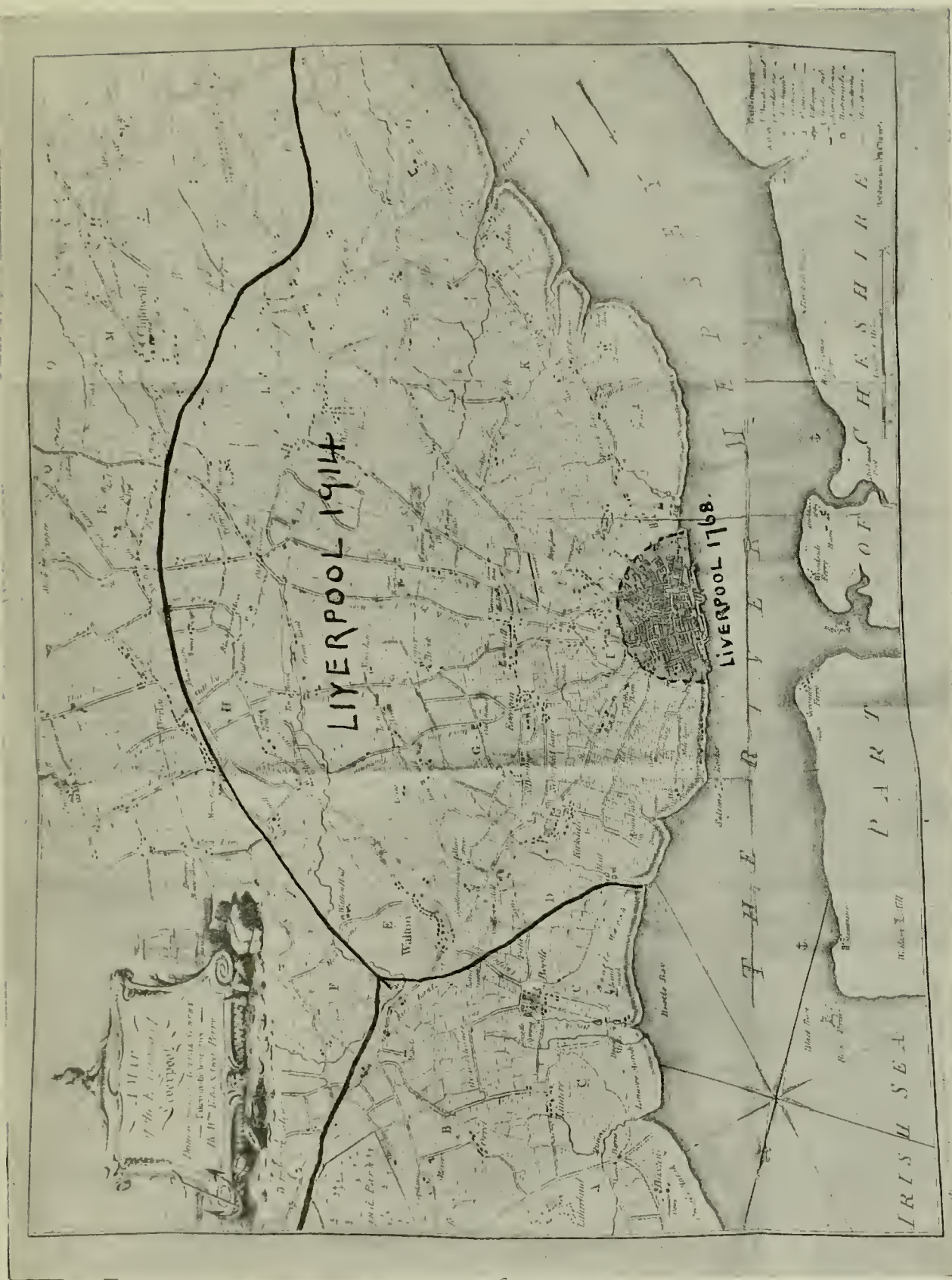
I know nothing of Alanson's childhood, but with other country children he probably went to the village school at Newton, presided over by one whose "words of learned length and thundering sound, amazed the gazing rustics ranged round." At all events it is clear that he received a sound education and judging from his writings and from his library, many books of which he presented to Mr. Wainwright, one of the first surgeons appointed to the Northern Hospital, he was a student, and a man of cultured taste.

I like to picture young Alanson, a raw youth leaving his father's farm at Newton, driving, with all his goods and chattels, in a cart along the Prescot and Warrington Road to Liverpool, and drawing up at the house of Mr. Pickering.

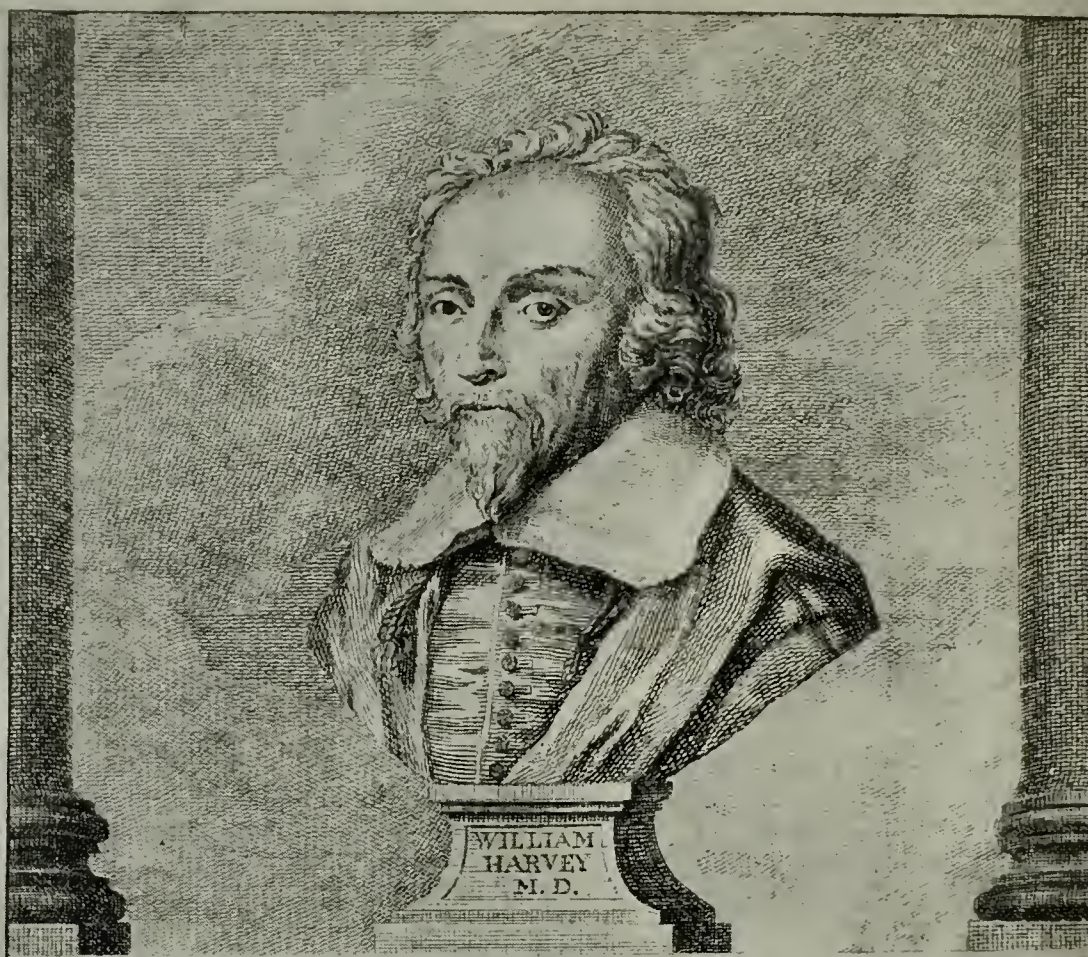
The introduction to Mr. Pickering's family, which included several Miss Pickerings, must have been somewhat embarrassing to the country bred youth, though it was probably by no means his first visit to Liverpool. Alanson lived with Mr. Pickering, as his apprentice, for five years. He went to London in 1768, the year in which Astley Cooper was born, and was a pupil of John Hunter for two years. He returned to Liverpool in 1770 to commence practice, and in the same year, at the age of twenty-three, was elected Surgeon to the Liverpool Infirmary. He was also one of the first three surgeons appointed to the Dispensary, which was established in 1778.

I cannot find notes or records of any kind as to









These are to Certify that—  
 M<sup>r</sup>. Abraham Bolton Surgeon  
 hath diligently attended three Courses  
 of our Anatomical and Chirurgical  
 LECTURES. William Hunter.

London May 11<sup>th</sup> 1771 William. Hewson

{ Attended the last Course i 7/12 }

ALANSON WAS GIVEN A CERTIFICATE SIMILAR TO THIS ONE,  
 WHICH WAS SUFFICIENT TO ENABLE HIM TO  
 ENGAGE IN PRACTICE.



Alanson's medical education in London. I have written to the present Deans of all the London Hospitals of that time, to learn whether his name was entered as a student in their books, and I have also written to the Registrars of all the examining bodies then existing in London to ascertain where and when Alanson qualified, but without avail. In response to my enquiries Mr. Hallitt, of the Royal College of Surgeons, kindly wrote me as follows:—"I have searched our records very carefully and it is evident that Edward Alanson did not obtain any diploma from the Corporation of Surgeons, as the College was then called. Doubtless Alanson practised without any degree or diploma, as was not at all uncommon in those days. The fact that he was a pupil of Pickering and John Hunter was quite sufficient to start him."

It certainly came as a great surprise to me to learn that one of the greatest surgeons Liverpool has ever produced was not "qualified," as we understand the term. But that degrees were not essential for honourable practice in those days is evident when we remember that John Hunter did not obtain his qualification until he had been in practice for several years.

It was in 1768, the year Alanson went to London, that John Hunter was elected Surgeon to St. George's Hospital. One of the benefits of this appointment was the right to have "house pupils." The pupils were bound to him for one or more years of teaching and training; they paid a fee of £100 per annum and received from him not only education but also board and

lodging. Amongst the first of John Hunter's "house pupils" were Edward Jenner and Edward Alanson.

I am glad to say we have in Liverpool evidence of some of Alanson's work whilst in London. In the Anatomical Museum of the Liverpool University there is the injected body of a child dissected by Alanson, which he brought with him in a case from London. On the back of the case in which the body stands is the following inscription: "Injected and Dissected by Edwd. Alanson, in Doctor Wm. Hunter's Rooms, London, March, 1769."

By the kind permission of Professor Paterson I am enabled to reproduce a photograph of this inscription and also of the injected body.

After his return to Liverpool Alanson for a few years continued to live with Mr. Pickering, but in 1774 he took a house in Cable Street. In June of the following year he married, not one of the Miss Pickerings, as I expected, but Miss Holland, daughter of Nehemiah Holland, a merchant. For which information I am indebted to Mr. Bickerton.

In 1777 he joined practice with Henry Park, also one of the Surgeons at the Infirmary, and removed to Basnett Street.

In 1790 he moved to the then country district of Wavertree and in 1794, owing to ill health, he resigned his post of Surgeon to the Infirmary and retired to Aughton near Ormskirk, where he practised as a consulting surgeon for seven years. Many of his old patients followed him there and many more came from a distance, especially from the Northern counties.



1769

Injected & Dissected

Edw:<sup>134</sup> Manson

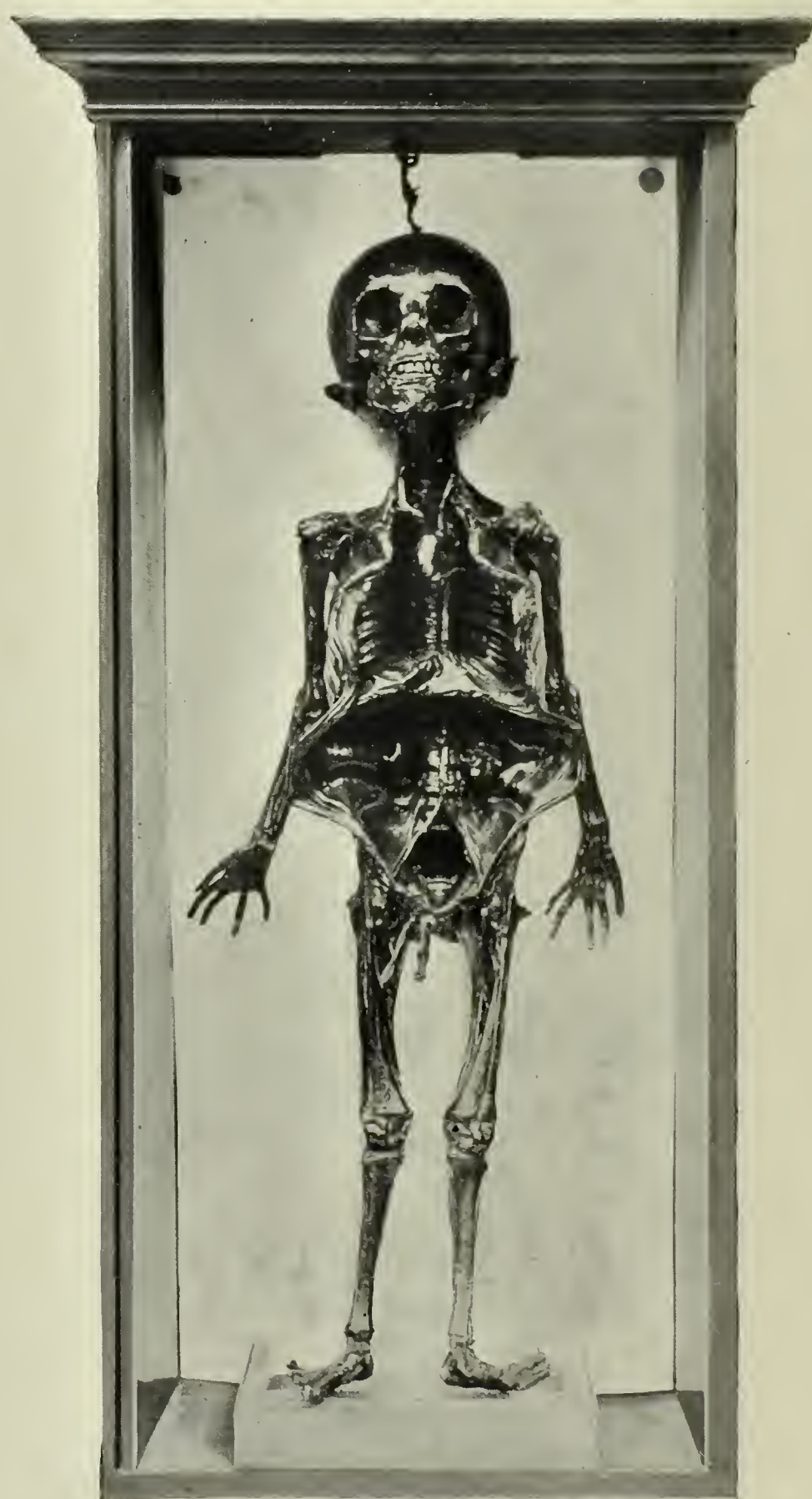
<sup>82</sup>  
Docter W<sup>m</sup> Hunter:

Rooms

London

March

1769



In 1808, desirous of returning to his old neighbourhood, he purchased a residence at Wavertree, where he lived, practising amongst his friends until a short time before his death, which occurred on December 12th, 1823. In his will, dated 21st October, 1823, we find that his Executors were his "friends Richard Forshaw and Robert Bickersteth, both of Liverpool, Surgeons."

He lies buried in the graveyard at Holy Trinity Church, Wavertree, which at that time was far removed from the town, but is now within the City boundary. His wife died in the following year. There were twelve children, but only five survived their parents.

Alanson made his reputation when a young man. His work on Amputation was published in 1779, when he was 32 years of age, nine years after he had been appointed Surgeon to the Infirmary.

In order to appreciate the work he did, it is necessary to have some knowledge of the principles and practice of Surgery at that time, and of the truly awful conditions under which treatment in hospitals was carried out. As it was then, so it is now; Alanson's chief work was done in the Hospital. The Infirmary was opened in 1749; it was built on Shaw's Brow and occupied the present site of St. George's Hall. It consisted of three stories and had accommodation for about 200 patients. On each side of the Infirmary was the Seamen's Hospital "for decayed seamen, their widows and children, and supported by the monthly allowance of sixpence, which every seaman from the port of Liverpool was obliged, by Act of Parliament, to pay out of his wages." At the back of the Infirmary was



“a spacious garden which supplied the patients with esculent and physical plants.” The situation was an admirable one and apparently well suited for the purpose it was intended to serve. However, it is not always wise to judge of the inside from the outside. Unfortunately I have not been able to obtain any detailed description of the general internal arrangements of the building, but as it was constructed on the lines then generally approved of, the following observations made by Dr. John Aikin, of Warrington, in his pamphlet “Thoughts on Hospitals,” published in 1771, will give a general impression of what probably took place within the walls of the Liverpool Infirmary at the time Alanson was appointed Surgeon.

“Every hospital, I fear without exception, may in some measure be considered as a Lazaretto, having its own peculiar disease within it. That dreadful distemper, little less malignant than the plague itself, distinguished by the title of jail or hospital fever, has long been known as the inbred pestilence of the crowded receptacles for the sick, and has thinned our fleets and armies more than the sword of the enemy. The most common plan of a hospital is a quadrangle, the ground floor of which is appropriated to offices, and the stories above to lodging the sick, which are for that purpose disposed into long rooms running the whole length of the sides, and containing, according to the size of the building, perhaps twenty or fifty beds ranging along the opposite walls. There are usually two common stories, and an attic story divided in this manner. The long wards seldom run along the four sides of the quad-



*The North Front of the Sailors' Hospital.*





range, but only two or three sides of them. The rest is taken up with staircases and smaller rooms for particular occasions.

“There surely cannot be a greater contradiction in the nature of things than a disease produced by a hospital; and that such a disease is really known, that it has proved fatal to thousands, and in some measure prevails in every hospital is a too certain and deplorable proof of important mistakes in their construction and management.

“Every surgeon attending a large and crowded hospital knows the very great difficulty of curing a compound fracture in them. This is so universally acknowledged, that the most humane and judicious of them have been obliged to comply with that dreadful rule of practice, immediate amputation in every compound fracture.

“No disease fills our hospitals with so many surgical cases as the Scrofula and none is in general more improper for admission.”

Alanson came to Liverpool straight from London where he had been taught by John Hunter, the master mind in the surgical world, and had also come under the influence of Percival Pott, who was “the best practical surgeon, the best lecturer, the best writer on Surgery and the best operator of which London could boast.”

Alanson's chief claims to surgical fame are the method of amputating he devised and the subsequent treatment of the wound. However, before dealing with these points I will mention first his views regarding the general treatment of patients in hospitals, his

suggestions for obviating the vitiated atmosphere of the wards and his advocacy for surgical cleanliness.

Alanson writes as follows :—“Many hospitals are so tainted by unwholesome effluvia, that they are rather a pest than a relief to the objects they contain. The following regulations are humbly recommended to the consideration of those who have the care of hospitals in want of such attention.

1. No ward should be inhabited for more than the space of four months together, for it is impossible to keep a room healthy that is constantly crowded with diseased people; the walls should then be scraped, whitewashed, and any other necessary means used for the purification of the air, before the re-admission of patients.

2. The bed-stocks should be made of iron, to prevent the lodgment of vermin, and the more easy absorption of putrid matter.

3. The bedding should be more frequently changed than is usually done; and the bed tick stuffed with chaff, hay, cut straw, or materials of such easy expense, as to admit of their being frequently changed.

4. Where a hospital is conveniently situated for the purpose all patients that are able should carry out their bedding, and expose it in the open air for several hours every day, when the weather will permit.

5. On the days of admission, those patients that have inhabited foul ships, jails, cellars or garrets, workhouses or other infected places; or whose clothes



are dirty, or suspected to contain vermin, before they are suffered to appear in the ward, should first be stripped, and washed in the warm bath and afterwards clothed with proper dresses, provided at the expense of the charity; by which means the evil of importing infection, so detrimental to the salubrity of every hospital, would be greatly remedied.

6. The dresses of the men may consist chiefly of a clean shirt, jacket and trousers; for the women, a shirt, petticoat, and bed-gown; the rest may be supplied from their own clothing, which will easily admit of being first well cleaned.

7. The infected clothes should be baked in an oven constructed for the purpose; by which all vermin and infection will be destroyed; and the clothes may be returned clean to the patients, when they are discharged from the hospital.

8. The patients, when received on the days of admission, should be placed in the wards which have been last ventilated, and not in those which have long been inhabited; where it may be reasonably presumed that the air is considerably tainted.

9. All incurable or infectious cases should be refused admittance; and amongst these should be classed old chronic ulcers of the legs, and particularly those in which there is a great loss of substance, for these seldom remain long healed; hence most hospitals are so crowded that the intention of the charity is perverted, as the air is rendered unwholesome.

10. All offensive gangrenous or other putrid

sores should be placed in distinct rooms provided for that purpose ; and not suffered to taint a whole ward.

11. There should be particular rooms provided for those patients who are the subjects of operations ; they should be in the most airy situation, never long inhabited, and alternately cleaned and ventilated as before advised.

12. A hospital should never be crowded on any account ; and always of so large a construction that some part of the building may at all times be uninhabited, for the purpose of whitewashing, ventilation, etc.

13. When any person has been afflicted with a putrid disease, or confined to bed for a length of time, let the bed be emptied, and the bed-stocks, the bed, the sheets and other linen be washed, and the rest of the bed clothes be exposed for some time in the open air, and baked in the oven before they are used again.

14. Let the nurses see that every patient's hands and face are washed every morning ; and their feet once a week.

15. Let the nurse of each ward be liable to a fine, to be deducted from her wages, if some of the windows in her ward are not kept open during a stated number of hours every day.

16. To any Infirmary, particularly where the wards are crowded, a house in the country, well situated and at a convenient distance, should appertain ; without such assistance many of the patients must perish, which would be easily and certainly preserved ; and it will be found (as may without difficulty be



demonstrated) the best policy in the trustees of an infirmary to provide such an appendix. . . . Many hospital surgeons are under the necessity of providing lodgings in the country, at their own expense ; rather than suffer the pain of a disappointment in combating a good cure, or seeing their patient languishing under a hectic, incurable in a crowded infirmary.

These proposals of hospital reform stamp the man. They were greatly in advance of the age and even now are not fully acted up to, more especially as regards the “ house in the country ” for convalescent patients.

When we remembered that they were made 135 years ago, we must feel proud that they emanated from a Liverpool surgeon.

Alanson’s “ Practical Observations on Amputation and the After-treatment ” was published in 1779, and is dedicated to the President, Treasurer and Trustees of the Liverpool Infirmary.

In the preface he says :—“ I have taken some pains to inform myself what other practitioners are doing in other hospitals ; and from such unprejudiced authority as I can fully rely upon, I am convinced that too little skin is saved ; the muscles are generally divided by a perpendicular circular incision ; no union is attempted by the first intention ; the parts are dressed with dry lint ; and by many the arteries are tied with the needle, including the nerves, veins and adjacent parts. Hence more frequently will arise spasms, brisk symptomatic fever, hæmorrhage, large discharge of matter, retraction of the muscles, and exfoliation.

“ The treatment which it is the intention of this

little essay to recommend, may be considered as a powerful preventive of these disagreeable symptoms; and I am assured our cures are completed in half the time requisite under the common practice; these are my reasons for addressing the public."

Alanson was thoroughly dissatisfied with the results he had seen and was determined to obtain a more speedy cure and a more useful stump. This he accomplished by making a skin flap of sufficient length to cover the wound completely, and he divided the muscles in such a manner that the cut end of the bone lay buried in them.

He strongly condemned the clumsy method of securing the blood vessels in a mass by passing a needle and ligature round them. For this purpose he used the tenaculum. "When the arteries are drawn out with the tenaculum and tied as naked as possible, it will be attended with very little pain at the time, and as little subsequent trouble or interruption to the speedy union of the parts. I take this opportunity to observe that the tenaculum has been used in our hospital for many years and this instrument merits every recommendation given by its most sanguine advocates."

"In all amputations which I have performed in the Liverpool Infirmary for some years past, every artery has been tied as naked as possible, with the assistance of the tenaculum and a slender ligature drawn moderately tight; and no one will assert that in a single instance I have removed the dressings before the usual time on account of hæmorrhage."

Before closing the wound, Alanson took pains to



cleanse it. “The whole surface of the wound must always be well cleaned with a sponge and warm water, as no doubt any coagulated blood upon its surface or between the interstices of the muscles, would be a considerable obstruction to that desired union which we have always in view through the whole plan.”

The skin and muscles were first drawn gently forward and a bandage applied to the upper part of the limb, “not so tight as to press rudely or forcibly but to give an easy support to the parts.” . . . “You now place the skin and muscles over the bone in such a direction as that the wound shall appear only a line across the face of the stump with the angles at each side, from which points the ligatures are to be left out as their vicinity to either angle directs. The skin is easily secured in this position by long strips of linen or lint about two fingers in breadth. If the skin do not easily meet it is best brought into contact by strips of linen spread with sticking plaster, the whole to be retained with a many-tailed bandage.

“When the whole of the treatment has been agreeable to my foregoing directions, the parts are generally so free from spasm that the use of opium is seldom requisite; the symptomatic fever will likewise be equally moderate; and upon the third or fourth day when you change the dressings, you will generally find that the discharge has been so small as scarcely to have run through them.” . . .

“I most earnestly recommend the treatment here described to the consideration of the army and navy surgeons.”

Amputation, as said by an eminent writer, “ is an operation terrible to bear, horrid to see, and must leave the person on whom it has been performed in a mutilated imperfect state.” . . . “ Previous to our improved plan, out of forty-six amputations at which I was present, and had an opportunity of inspecting the after-treatment, ten died; one of locked jaw; two of hæmorrhage from the whole surface of the stump; four of the hectic fever and extensive suppuration; and three from a spreading gangrene on the surface of the stump. In nearly the whole the symptomatic fever was violent; the startings or spasms frequent; the suppurations large; the surface of the wound extensive. In most of them there was an exfoliation; in several a sugar-loaf stump; and in some, the wound remained incurable.

“I have never refused to operate upon any case that has presented, when a single person in consultation has thought such operation advisable; and since I began the method here recommended I have operated in thirty-five cases, such as promiscuously occurred at the Liverpool Infirmary, without the loss of a single patient. There has not been a necessity to remove the dressings on account of hæmorrhage in a single instance; nor the smallest exfoliation except in one case. . . . Had not these cases occurred in a hospital where the practice has been made as public as possible, I should not have ventured to publish an account which I fear but few would have credited. . . . At different periods of time many of the hints mentioned in this treatise may have been pointed out by others. It is difficult to advance any doctrine on this, or any other operation, that can



claim a genuine originality. . . Should it be allowed that I have made a step towards the improvement of Surgery, I shall be much pleased; since it is an art which, when practised with judgment, humanity, and honour, is an ornament to human nature; and for its certainty in relieving many of the most distressful accidents, to which all are liable, must ever be considered as of the utmost importance to the happiness of mankind."

From what we know of Alanson and his work I think it must be admitted that he did "make a step towards the improvement of Surgery"; in fact he did much more, he made a conspicuous advance in the science and art of Surgery.

I like to think of Alanson leaving his home in Cable Street on a Thursday morning and walking along Whitechapel to the Infirmary, to be present at a meeting of the Weekly Board, which was held every Thursday at ten o'clock, when new patients were admitted and old patients discharged. He probably wore a three-cornered hat, a powdered wig, a long wide-skirted coat, a coloured waistcoat reaching nearly to his knees, pantaloons and top boots. He very likely carried a silver-headed cane.

The Board Meeting usually occupied an hour, and one can picture the three surgeons, Henry Park, John Lyon and Edward Alanson, and the three physicians, Matthew Dobson, Henry Richmond and Thomas Houlston, sitting round a table in a room on the ground floor, questioning and examining each applicant for admission, as one by one they were brought into the



room for inspection. Likely enough the chief difficulty was declining admission to hopeless cases of scrofula and chronic ulcers of the leg. The costume of some of the country and sea-faring patients would appear to us distinctly quaint, and their dialect such as to make it extremely difficult to understand correctly what they said.

In imagination I have been present at the Infirmary on a Tuesday or a Saturday, when the Physicians and Surgeons attended at eleven o'clock to visit in-patients and consult upon difficult cases; for it was a rule "that no amputation or other great operation, except an urgent occasion require it, be performed without a previous consultation of Physicians and Surgeons." Alanson and Park, two bold and progressive surgeons, would doubtless have to reason long with the physicians before consent could be obtained for a "great operation to be performed."

Still more interesting would it have been to look on when an amputation was performed by Alanson.

I enter one of the long wards, and the attitude and anxious expression of the patients clearly indicates that something of importance is about to happen. The occupant of one bed attracts particular attention. He is a delicate young man about 20 years of age, and standing round the bed are his father, mother and eldest brother. He has been in the Hospital for the past two months on account of "Scrofulous disease" of the ankle joint, for which amputation has been finally decided upon and is about to take place.

I see screens at one end of the ward close to a

window. Behind these screens is a plain deal table covered with a blanket and a clean white sheet, upon which the patient is to lie. The instruments, which consist principally of a double-edged amputating knife, a saw, a tenaculum and several large curved needles, are all brightly polished, for they belong to Alanson, who brought them with him from London. Alanson, who is to be assisted by Henry Park and the Resident Apothecary, has taken off his coat, rolled up his shirt sleeves, and is washing his hands; an unusual thing in those days for a surgeon to do before beginning an operation. The patient, who has already had a stiff dose of brandy, is now placed upon the table to which he is secured by various straps. He receives what encouragement Alanson and others can give him.

The tourniquet is applied, and Park, who is acting as chief assistant, grasps the limb circularly with both hands and firmly draws the skin and muscles upwards, the Apothecary supports the limb below.

Alanson now “fixes his eye upon the proper part to begin the operation and makes a circular incision through the skin and adipose membrane, with considerable facility and despatch, as the knife passes much quicker in consequence of the tense state in which the parts are supported.” The amputation being completed in the manner Alanson has described in such detail, and the vessels secured by means of the tenaculum and tied as naked as possible, we find that the flaps have been so fashioned as to conceal the cut end of the bone in the muscles, and when brought together form a complete skin covering to the raw tissues.



Before closing the wound it is thoroughly cleaned with warm water, then the flaps are brought together and the dressings applied. Though I admire the operator's dexterity and am greatly impressed by his clean methods and the careful manner in which he ligatures the blood vessels, the whole procedure is a most trying one to watch. The pale face of the patient and his groans which are frequently interrupted by his calls for a drink of water, compel one to turn away occasionally from the scene, but on the whole he bears it with a fortitude that calls for the highest praise.

It has been by no means an easy matter for me to gather together these few facts concerning Alanson, but having done so I feel amply rewarded, for it is always an agreeable task to trace the progress of Surgery, especially in the city in which one has practised, and to recall the names of those who were chiefly responsible for the advances made. May I venture to hope that this imperfect sketch of the life and work of Edward Alanson, whom I regard as the father of Surgery in Liverpool, will induce others to take the matter in hand and tell us all there is to be told of those whose names form the mile-stones along the road of Medical and Surgical progress in that good old town.